APPLICATION DATA SHEET

Application Information

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R?::

None

Title:: IMPACT ABSORPTION STRUCTURE

Attorney Docket Number:: 1062-033 P1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawings Figure::

Total Drawing Sheets:

6

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

U.S.

Status::

Full Capacity

Given Name::

Myron

Middle Name::

John

Family Name::

Maurer

Name Suffix::

City of Residence::

Lake Orion

State or Province of Residence:: Michigan

Country of Residence::

U.S.

Street of mailing address::

3125 Hidden Timber Drive

City of mailing address::

Lake Orion

State or Province of

mailing address::

Michigan

Postal or Zip Code of

mailing address::

48359

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Italian

Status::

Full Capacity

Given Name::

Eugenio

Middle Name::

Family Name::

Toccalino

Name Suffix::

City of Residence::

Schwalbach

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

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City of mailing address::

Schwalbach

State or Province of

mailing address::

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Postal or Zip Code of

mailing address::

D-65824

Applicant Information

Applicant Authority Type::

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Primary Citizenship Country::

U.S.

Status::

Full Capacity

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Middle Name::

Douglas

Family Name::

Vogel

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State or Province of

mailing address::

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Postal or Zip Code of

mailing address::

48360

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Indian

Status::

Full Capacity

Given Name::

Laxman

Middle Name::

Prabhakar

Family Name::

Katakkar

Name Suffix::

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State or Province of Residence:: Maharashtra

Country of Residence::

India

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City of mailing address::

Pune

State or Province of

mailing address::

Maharashtra

Postal or Zip Code of

mailing address::

411030

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Full Capacity

Given Name::

Prashant

Middle Name::

Sharad

Family Name::

Shembekar

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State or Province of Residence: Maharashtra

Country of Residence::

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City of mailing address::

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State or Province of

mailing address::

Maharashtra

Postal or Zip Code of

mailing address::

440010

Applicant Information

Applicant Authority Type::

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Status::

Full Capacity

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Velusamy

Name Suffix::

City of Residence::

Erode

State or Province of Residence:: TamilNadu

Country of Residence::

India

Street of mailing address::

64, V.O.C. Street, Kollampalayam

City of mailing address::

Erode

State or Province of

mailing address::

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Postal or Zip Code of

mailing address::

638002

Correspondence Information

Correspondence Customer

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Representative Information

Representative Customer Number:: 25215

Assignee Information

Assignee name::

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